Research paper

Geriatricians feel growing external appreciation of their work. Survey among Finnish geriatricians in 2013

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ABSTRACT

Background: In 2001 and 2008, the Finnish Geriatrics Society (SG) performed postal surveys to its members to investigate their work satisfaction, work burden and views on older people’s care. This survey was repeated in spring 2013.

Methods: The questionnaire of earlier surveys was used in order to compare answers. The questionnaire was distributed to members via emails and through the website.

Results: Altogether 121 doctors (71% women) responded, 119 of them actively working, corresponding to 52% of geriatricians in Finland. Geriatricians are well-trained, half of them also had another specialty, and a third had a PhD degree. One third had a position of physician-in-chief. In 2001 and 2008, 36% and 60%, respectively, felt that the work of a geriatrician is appreciated very well or well, but the proportion had risen to 75% in 2013. Responders experienced the general working atmosphere in older people’s care as good, and coping at work was generally good. Instead, geriatricians felt that they cannot satisfactorily influence the geriatric care in their communities, and possibilities for this have weakened during the past 5 years. Lack of timely geriatric rehabilitation and lack of general geriatric knowledge were considered as the biggest problems in geriatric care. Similarly to the year 2008, geriatricians considered geriatric rehabilitation, care of memory patients, and geriatric acute care as core activities in their work.

Conclusions: Due to their solid training, Finnish geriatricians have a wide perspective on older people’s care and this knowledge must be appropriately utilized in communities.

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According to the statistics of the Finnish Medical Association in 2013, there were 229 specialists in geriatrics (72% women, mean age: 49 years) in Finland. The Finnish Geriatrics Society (SG) is a subdivision of the Finnish Medical Association and SG accordingly aims to foster professional goals of its members. In 2001 and 2008, SG has performed postal surveys in order to assess geriatricians’ work, coping and atmosphere in older people’s care. Results of these surveys have been published [1,2] and the results revealed general satisfaction among geriatricians despite at times harsh criticism in the society and news media.

Population is constantly ageing and the number of older patients is growing. From January 1, 2013, new Finnish laws of ageing require appropriate and timely arrangement of high-class services for older people in communities [3]. Thus, there is a great demand for geriatric know-how which neither the present nor future number of specialists of geriatrics in Finland can fulfil. Therefore, a great challenge will be how to optimally focus geriatrician workforce in the changes of the structures of older people’s care. In order to hear the voice of the profession, the board of SG decided to renew geriatric survey in the spring of 2013.

1. Methods

All geriatricians who are members of the Finnish Medical Association (FMA) belong to its subdivision, the Society of Finnish Geriatricians (SG). Ninety-four percent of all doctors in Finland belong to FMA. SG can also apply doctors in training phase. SG presents practically all – also retired – specialists in Finland. The emails of SG members (n = 248) were retrieved from the FMA.

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which keeps a registry of Finnish physicians. The members were called on 18 April 2013 via email to make the survey electronically on the SG website (www.suomengeriatrit.fi), and the call was renewed twice in May to non-responders. Responses were analyzed anonymously.

The survey contained identical questions as in 2001 and 2008 [1,2], in addition, some new questions were added. The scales used were: very good-good-fair-poor; much, fairly much, moderately, little, not at all; and very good, good, moderate, weak.

2. Results

2.1. Responders

The response rate was 52% (n = 121, 71% women), of whom 103 (85%) were already specialists in geriatrics, 14 in training and 4 non-geriatricians. Of the responders, 17%, 38%, 46%, and 5% were < 40, 40–50, 51–65, and > 65 years of age, respectively. As three of the responders were no more actively working, the survey included half of geriatricians in Finland (117 out of 229), with a geographical distribution both in urban and rural areas well corresponding to that of all geriatricians. Half of the responders also had another specialty, mostly in general practice, one third had a PhD degree, 34% worked as physicians-in-chief (in Finland, physician-in-chief is mainly a position of a chair of service or department; they are leading positions of medical work at all levels in health care centers and hospitals [primary/secondary/tertiary]), 51% as specialists, and 15% in other tasks. Of the responders, 16% had a formal special competence (mostly in palliative medicine) supervised by the Finnish Medical Association Work places were variable, 32% worked at least half time in hospital/rehabilitation wards, 22% in community open care, 14% in secondary care, and 10% solely as private physicians, 9% in administration, 8% in research, and 5% in nursing homes. Half of the responders also had part-time private practice.

2.2. Training

Training backgrounds of the responders were from all medical faculties in Finland, one third from the largest, University of Helsinki. As compared to 2008, responders were now more satisfied with their training on a scale of: very good-good-fair-poor; in 2013, only 7% (15% in 2008) considered that their training had given them fair to poor skills to work as a geriatrician. In 2008, a total of 26% (8.5% in 2013) considered that their training had prepared them fairly-poorly to act in their present work.

2.3. Coping, respect, influence

The feeling of outside appreciation among geriatricians had clearly increased during the past decade (Fig. 1). In 2001, 2008 and 2013, 53%, 81% and 79%, respectively, felt that they were able to produce much or fairly much good geriatric care in their everyday work. One third of geriatricians reported to cope very good, 48% and 17% good or fairly, respectively, and less than 1% fairly poorly or poorly.

In 2013, 66% of the responders felt that they could decide on their own work much or fairly much (47% and 60% in 2001 and 2008, respectively). Although geriatricians felt that they could influence their own work, ability to influence their community geriatric care had grown weaker during the past 5 years (Fig. 2). There was a difference between physicians-in-chief and specialists: of the former, 27% felt that they had little or no influence during the past year, while of the latter, 61% felt so. Nevertheless, geriatricians felt that the general atmosphere in older people's care is good and this feeling has grown stronger during the years (Fig. 3).

2.4. Older people's care

In 2013, 3%, 57%, 37%, or 3% of the responding geriatricians considered older people's care in Finland to be very good, good, moderate, and weak, respectively. Whether there are sufficient number of geriatric beds in Finland was also asked. In 2013, 40% of geriatricians thought that there are enough of them (29% in 2008), 58% and 69% considered that there are too little of them in 2013 and 2008, respectively. Geriatricians were further asked to name two biggest problems in older people's care: most important were lack of timely geriatric rehabilitation and lack of geriatric knowledge.

2.5. Role of geriatricians

Geriatricians were asked which professionals (geriatricians, GPs with skills in geriatrics, GPs, or other specialties) should be generally responsible for various patients groups in older people's care. Geriatricians thought that their specialty is needed especially in rehabilitation (94% should be geriatricians), and in the care of

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memory patients (83%), less consistently in acute care (56%). GPs with skills in geriatrics would be suitable to treat general older people in open care (65% could be GPs), and patients in nursing homes (58%).

3. Discussion

The response rate (52% of geriatricians in active work) was quite similar to those in previous surveys (55% and 60% in 2001 and 2008, respectively [1,2]) and generally comparable to response rates among physicians in similar surveys. Survey was now performed electronically which may have had an influence. Nevertheless, the age and sex distributions of responders were comparable to those of all geriatricians in Finland.

In the European scenario [4–7], Finnish geriatricians have strategized and long training (5 years for specialty and acceptance of a national written exam), half of them have also another specialty, 16% of them have a formal special competence such as in palliative medicine, and one third had a PhD degree. Therefore, it is somewhat alarming that many of these professionals felt in 2013 that they have limited influence – even in the position of physician-in-chief – in the geriatric care of their communities. Moreover, there has been shift toward worse as compared to the feeling 5 years earlier in 2008. In contrast, geriatricians felt that they could well influence their own work. It is therefore possible that community geriatricians are now narrow “performers” in their special field, and their expertise is not fully utilized in the wider development of older people’s care. On the other hand, it is also possible that current economic constraints in communities have affected the feeling of influence.

Geriatricians are used to perform in multidisciplinary teams, and they have a global view on older people’s care and possibilities of geriatrics after their multifaceted training. Therefore, communities cannot afford to lose this expertise when they are renewing the structures of older people’s care.

There are new innovations in several areas of geriatrics [8,9]. Already these include focused screening and geriatric prevention, psychosocial support, effects of physical activity, nutrition and medications, better care of memory patients, supervising the quality of nursing care, increasing cooperation with other disciplines. These innovations should have full attention in home care, supportive housing, general practice and hospital care, and geriatricians are needed for planning and development. This requires time, however, and it cannot be done simultaneously with busy clinical work.

It is delightful that geriatricians themselves experienced their work to be appreciated, now more than a decade ago. Also, the general atmosphere in older people’s care was felt to be positive. Coping at work was generally felt to be good, but despite small numbers, it is nevertheless worth noting that among 17% coping was only moderate. There have been sporadic cases of oversized workload, such as alone tending to a 45-bed ward plus nursing home of 50 patients plus responsibility of a memory clinic plus overall development of communal older people’s care! At present, there are norms for the work of nurses, and similar norms may be needed also for geriatricians in the future. Geriatricians’ working routines were recently analyzed in Germany and points were raised to improve coping, for example by reducing the amount of indirect patient care [10].

Similar to the survey in 2008, the core of geriatricians’ work was considered to be in geriatric rehabilitation, care of memory patients, and acute geriatric care. GPs, especially those with geriatric skills, are considered important partners. According to the geriatricians, primary problems in older people’s care in 2013 were the lack of timely geriatric rehabilitation and lack of geriatric knowledge generally in health care. Geriatric assessment and rehabilitation is validly evidence-based [11] but its availability to Finnish geriatric patients is insufficient [12]. Ward times in secondary and tertiary specialist care are constantly shortening and geriatric patients are transferred more and more early to convalescence in lower level hospitals where resources for rehabilitation are often limited. Also, rehabilitative home care is merely a beautiful plan in many communities and open care is only for survival.

Training of geriatricians has been increased in Finland (population: 5.6 million) and the number of specialists has increased from 148 to 229 during 5 years. The significance of geriatric training and skills has been emphasized in primary care [13], but this is needed also in secondary and tertiary care. At present, not even all university hospitals in Finland have geriatricians in their workforce.

In conclusion, Finnish geriatricians felt increasingly more respected in their environment during the past decade and their coping at work was generally good. Nevertheless, geriatricians experienced insufficient ability to influence older people’s care in their communities, and this feeling of impact has weakened during the past 5 years.

Disclosure of interest

All authors are members of the society Finnish Geriatricians (Suomen Geriatrit, SG). Dr. Strandberg is the President of the EUGMS.

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at http://dx.doi.org/10.1016/j.ejger.2015.08.007.

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